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ABSTRACT

Data relating to population and family planning in fourteen foreign countries are presented in these situation reports. Countries included are Australia, Burundi, Cambodia, Mexico, Montserrat, Nicaragua, Papua and New Guines, Republic of Vietnam, Sabah, Sarawak, Sierra Leone, Tahiti (French Polynesia), and Tonga. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, research and evaluation, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (BL)

# Situation Report

Distribution

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Country AUSTRALIA

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

ED 064162

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 7,686,810 sq. km.[1] |
| Total Population | | 11,550,462 (1966) | 12,552,000(1970)[2] |
| Population Growth Rate | | | 2.0%(1963-70)[2] |
| Birth Rate | | | 20.5 per 1,000(1970)[2] |
| Death Rate | | | 9.0 per 1,000(1970)[2] |
| Infant Mortality Rate | | | 17.9 (1970)[2] |
| Women of Fertile Age (15-44) | | | 2,538,598(1969)[2] |
| Population under 15 | | | 29% (1971)[3] |
| Urban Population | | | 84.4%[4] |
| GNP Per Capita | | | US$2,300(1969)[5] |
| GNP Per Capita Growth Rate | | | 2.9%(1960-69)[5] |
| Population Per Doctor | | | 850 (1966)[1] |
| Population Per Hospital Bed | | | 80 (1967)[1] |

1. UN Statistical Year Book - 1970
2. UN Demographic Year Book - 1970
3. 1971 World Population Data Sheet - Population Reference Bureau Inc.
4. UN Monthly Statistical Bulletin - November 1971
5. World Bank Atlas 1971

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* This report is not an official publication but has been prepared for informative and consultative purposes.

SE 014 163

## GENERAL BACKGROUND

Australia is a Federation of six states which form the Commonwealth of Australia. State governments are autonomous. The Federal government consists of two elected Houses - the Senate in which the states have equal representation and the House of Representatives where representation is based on population. The Federal Prime Minister is the head of government. Canberra is the capital.

Population density is 2 per sq. km. Between 1965-70 1.1 million were added to the population. By 1985 it is expected to be 17 million and is likely to double itself in 37 years. Expectation of life at birth between 1960-62 was 67.92 for males and 74.18 for females.

### Ethnic

According to the 1966 census there were 80,207 persons of 50% or more aboriginal blood. The majority are basically European, particularly British.

### Languages

English is the official language.

### Religion

The population is Christian - Anglicans 34%; Roman Catholics about 26%.

### Economy

Agriculture contributes under 10% of domestic production. The share of agricultural products in total export trade is 70%. Japan is the major importer of Australian raw materials. Manufacturing industry contributes 28% of gross domestic product each year.

US $1 = 1.2 Australian $

### Communications and Education

In 1968 there were 61 daily newspapers with a circulation of 4,732,000, i.e., 393 papers per 1,000 population. There were also 1,314 cinemas, 2,650,000 radios and 2,649,000 television sets in use in 1966-68.

Education is the responsibility of each of the six states. It is free and compulsory from the ages of 6-15. In 1969 there were 7,606 government and 2,176 non-government schools. Special services have been developed to meet the needs of children living in the "outback". Some 20,000 are enrolled in correspondence classes and the first School of Air was established in 1950. In 1969 Australia had 14 universities where 109,662 students were enrolled. 95% of males and 96% of females are literate.

### Medical

About 21% of the federal budget is allocated to welfare which includes invalid, maternity, sickness and children's allowance. In 1967 there were 2,160 hospital establishments with 144,742 beds. 13,697 physicians, 3,467 dentists, 8,374 pharmacists and 77,237 nursing personnel were providing medical services in 1966.

## Family Planning Situation

The Government is steadily increasing support towards family planning activities. The voluntary Family Planning Association acts as an active pressure group on all important points pertaining to family planning. Family planning is extensively practised and oral contraceptives are very popular. Australia has the highest per capita usage of oral contraceptives in the world. The general public's attitude towards abortion is becoming favourable. There has also been a change in policy concerning male sterilisation following the ethical clarification by the Australian Medical Association.

## Legislation

Laws restricting the advertising of contraceptives are prevalent. Abortion laws were liberalised in South Australia in 1970 where abortion is now legal for medical, eugenic and medico-social reasons.

## Family Planning Association

Address: Family Planning Association of Australia,
Caminer House,
92 City Road,
Chippendale,
Sydney,
New South Wales 2008,
Australia.

Addresses of State Associations are given in Appendix I.

Personnel:

| | | |
|---|---|---|
| President | : | Mrs. V. Wilhelm |
| Vice-Presidents | : | Mr. B. C. Goffman |
| | | Mrs. Rita Morgan |
| | | Mrs. Ruby Rich-Schalit, M.B.E. |
| Accountant/Treasurer | : | Mr. E. Le Brun |
| Secretary | : | Miss Edwina Alison |
| Medical Secretary | : | Dr. Barbara Simcock, B.Sc.,M.B.,B.S. |
| Financial Secretary | : | Mrs. P. Way |
| Information & Education Officer | : | Dr. Dorothy Nolan, M.B.,B.S. |

## History

The Association was founded in 1926, and became an IPPF member in 1953. Until 1968, it was a small organization based in Sydney with one branch in Newcastle. In 1968, the Executive Committee was reformed and a Medical Advisory Committee established. In July 1969, with the development of inter-state representation, this became the National Medical Advisory Council. State branches of the Association have been established in Victoria, Adelaide, South Australia, Western Australia, Queensland and Canberra (Australian Capital Territory).

The Association has been attempting over the past few years to play a fully responsible role in relation to South-East Asia Regional needs and to influence the Government to adopt a liberal policy towards family planning, as well as to fund generously the international family planning agencies.

The Association has already done much in influencing universities, training colleges and educational establishments, generally to include demographic, medical and sociological aspects of population into current syllabuses. On a more narrow front, Australia is now being looked to as a potential training country and requests for such facilities have been received from Thailand, Indonesia, Papua and New Guinea.

IPPF provides an annual grant for fund raising purposes. The first IPPF South-East Asia and Oceania Region Medical and Scientific Congress will be held in Sydney in August 1972.

## Services

The Association provides family planning services in 9 clinics - 6 of these are on the Government's Department of Health premises. These 9 clinics recorded a total of 7,831 acceptors in 1971 - 2,325 of whom were new acceptors. The following are the acceptor figures according to methods in 1971:

| | | |
|---|---|---|
| Oral | - | 4,625 |
| IUD | - | 1,419 |
| Sterilisation | - | 143 |
| Injectables | - | 219 |
| Other methods | - | 1,425 |

All methods are offered. A charge of A$15 is made for an IUD insertion.

There is a noticeable increase in vasectomy acceptance, especially as a result of the ethical clarification by the Australian Medical Association and by the publicity given by the Association.

The Association's clinics provide other services like papanicolau smears, pre-marital/marriage counselling and referral for vasectomy.

The Association has also started youth advisory clinics, known as Braestrup Advisory Centres, in June 1971. These clinics are held periodically at the headquarters and are for the convenience of young or unmarried people.

## Training

The Association is actively engaged in the training of family planning personnel. In 1971, the Association trained its own and other personnel in various refresher and in-service courses. The personnel trained were doctors, nurses, volunteers, community health staff and medical students.

Lectures were given by Association personnel to student nurses, student midwives and marriage guidance counsellors. The Association also took part in the training courses run by the Department of Tropical Health & Social Medicine, Department of Health, N.S.W. and University of Sydney (pharmacy students).

A National Training Committee was set up under Professor C. B. Kerr in June 1971, to co-ordinate and advise on existing training, and to identify and fulfil training needs in the Region. The training of nurses and social workers will be increased and the select working committee considers the broader aspects of family planning, viz., sex education, marital and psychological problems, abortions and fertility. Seminars on family planning for general practitioners were held in all states.

Information and Education

With the appointment of an Information and Education Officer, a concerted effort is being made in the information and education field. All types of mass media have been used. 40 articles and 12 advertisements appeared in the newspapers. Films were shown frequently. There is inclusion of family planning in the "Ring-in" programme on the radio. T.V. is used for interviews, etc.

In addition to full use of all media, the Association has set up a community education programme which provides speakers, films and literature to interested organizations and groups. The Association has adapted the literature of IPPF to suit local requirements and is currently producing specialized brochures.

In line with this effort, the Association has increased its film and book library. It has also started a FPAA newsletter and its published Annual Report has a wide circulation.

The Association in 1971, reached a wide variety of the public through 55 lectures, 7 seminars and 2 teach-ins. The Association has specifically focussed its attention on youth through lectures and courses both in universities and schools, and co-operates with other agencies to reach youth, especially out-of-school youth. The Braestrup Advisory Centre is geared towards youth.

Research and Evaluation

Clinic trials were undertaken for (a) Megestrol Acetate in oil 0.5, (b) SU 4 (Step-up Ovulen), (c) CU 7 Searles, and (d) Blood Serum.

A Socio-Economic Survey was undertaken of 3,000 cases by final year students, Department of Demography, Macquarie University, under Dr. Yusuf. The report is nearing completion.

A study of on asymptomatic gonorrehea was conducted in conjunction with Department of Health, N.S.W.

A study of a standard clinic card system is under progress with the Macquarie University and Adelaide University.

A preliminary report of Legal Approach to Family Planning in Australia has been completed. This project is carried out in co-operation with Monash University.

Data analysis and patient costing is progressing in conjunction with the Demography Department of the Macquarie University. Other studies include a Family Planning Survey (random samples) with Macquarie University and a comprehensive survey in Victoria by the Australian National University.

The Aboriginal Survey conducted by Professor L. Cox, University of Adelaide, is nearing completion.

The Arid Zone project carried out in N.S.W., has resulted in a request for a family planning clinic for Aboriginals in Queensland.

2 further projects on the acceptability of contraception by Australian Aboriginal women in areas north and west of Port Augusta and in the north west region of South Australia are being carried out with the University of Adelaide.

Government

The Government has signed the U.N. declaration on population.

From having no policy towards family planning, the Government is now increasing its tacit approval. The Association's opinion is increasingly being sought concerning medical, educational and informational matters both at Federal and State level. WHO has made recommendations concerning training and facilities and the National Health and Medical Research Council at its 72nd Meeting "reaffirmed that family planning facilities should be made readily available". Abortion has been liberalised in South Australia. A submission was presented before the Parliamentary Committee on Pharmaceutical Benefits in Canberra generally seeking the lifting of sales tax from contraceptives, reclassification and inclusion of contraceptives in the Pharmaceutical Benefits list.

Training

Specialised training courses for medical personnel both within Australia and overseas are carried out. With assistance from the Colombo plan and through the Association, a Training Centre is planned to cater for the regional demand.

Other organizations involved in family planning activities

Community Aid Abroad - is funding the Association for a project to provide cytology training for Thailand.

Abortion Law Reform Association - good liaison has been established - FPAA pamphlets distributed with ALFA Newsletter.

Marriage Guidance Council - liaison established by the Association.

Family Welfare Bureau - the Association has established liaison with increasing referral.

Association of Blind Citizens - sends members to FPAA Clinics.

Contacts are being developed with all community organizations likely to be interested in family planning.

Whyalla Counselling Service - liaison established with the Association.

Catholic Family Life Centre in Sydney - Father J. Barry is responsible for the operation of family planning centre teaching the ovulation method in the N.S.W. area.

The Good Neighbour Council.

Family Life Movement in Newcastle rents one of the Association branch rooms and also other types of liaison established.

The Population Council is supporting reproductive research at Sydney and Flinders Universities.

Sources

1. FPAA Newsletters
2. FPAA Annual Reports
3. Europa Year Book 1971
4. Far East and Australia 1971
5. UN Demographic Yearbook 1970
6. UN Statistical Yearbook 1970

Appendix

## The Family Planning Association - Australian State Association Addresses

The Family Planning Association of Australia,
Canberra Branch,
c/o Mrs. L. Merrony,
21 Gluyas Street,
FARRER, Australian Capital Territory, 2607.

Family Planning Association, Queensland,
c/o Mrs. M. Millburn,
28 Sparkes Avenue,
ASCOT, Brisbane, Queensland, 4007.

The Family Planning Association of South Australia,
74 Fairford Street,
UNLEY, South Australia, 5061.

The Family Planning Association of Victoria,
509 Collins Street,
MELBOURNE, Victoria, 3000.

The Family Planning Association of Western Australia,
c/o J. T. Carr, Esq.,
Executive Officer,
P.O. Box 42,
WEST PERTH, Western Australia, 6005.

# Situation Report

Distribution *

Country BURUNDI

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1960 | LATEST AVAILABLE STATISTICS |
|---|---|---|
| Area | | 27,834 sq. kms |
| Total population | 2,913,000 | 3,600,000 (1970)1. |
| Population Growth Rate | | 2.3% (1963-70)1. |
| Birth Rate | | 48.1 per 1,000 (1968)1. |
| Death Rate | | 25.2 per 1,000 (1968)1. |
| Infant Mortality Rate | | 150 per 1,000 (1965) |
| Women of Fertile Age (15-44) | | 595,090 (1965)1. |
| Population under 15 | | 46.8% (1965)1. |
| Urban Population | | 2.2% (1965)1. |
| GNP Per Capita | | US$50 (1968)2. |
| GNP Per Capita Growth Rate | | 0% (1960-69)2. |
| Population per Doctor | | 57,920 (1969)3. |
| Population Per Hospital Bed | | 730 (1969)3. |

1) UN Demographic Yearbook 1970

2) World Bank Atlas

3) UN Statistical Yearbook 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Burundi, formerly part of the Belgian mandated territory of Ruanda-Urundi, became independent in 1962. The country is now a republic and one-party state. Population density is relatively high for Africa at about 330 people per square mile. The capital, Bujumbura, has a population of approximately 90,000. The country is one of the poorest in Africa.

## ETHNIC GROUPS

The indigenous population is composed of about 84% Hutu, farmers of Bantu origin, 14% Tutsi, a pastoral people of Hamitic origin, and 1% Twa, Pygmoid hunters who are probably the last survivors of the aboriginal population. There are also a few thousand Europeans and a small group of Asians. At the beginning of 1970 it was estimated that there were some 39,000 refugees in the country mainly from neighbouring Rwanda and Zaire.

## LANGUAGE

French and Kirundi are the official languages.

## RELIGION

More than 60% of the population are Christians, mainly Roman Catholic. About 1% are Muslims, and the rest follow traditional beliefs.

## ECONOMY

Almost the entire population is engaged in agriculture. The greater part of the country's export earnings come from the 2 main cash crops, coffee and cotton. There is some fishing from Lake Tanganyika. Small-scale mining of cassiterite, bastnaesite and gold takes place.

Industry is almost non-existent, and is concerned mainly with processing of agricultural produce. Industrial development is hampered by the country's distance from the sea.

Main exports in 1970, in order of importance, were coffee, cotton, skins, minerals and tea.

## COMMUNICATION/EDUCATION

There is a fairly dense road network connecting with Rwanda, Tanzania and Zaire, but very little is tarred. There is no railway, and most of Burundi's external trade is conducted via Lake Tanganyika, between the port of Bujumbura and Tanzania and Zaire. Bujumbura also has an international airport.

Radio: 13.9 sets per 1,000 people (1970)

Cinema: 0.3 seats per 1,000 people (1968)

There is no television, and no daily newspaper.

School enrolment 1968-69: primary 181,530 secondary 3,652
286 students attended the Universite Officielle de Bujumbura.

Education is free. Primary school children are taught in Kirundi, and secondary pupils in French. About 24% of eligible children attend primary school, and 2% secondary school.

MEDICAL

Tuberculosis and protein malnutrition are widespread causes of mortality.

FAMILY PLANNING SITUATION

Family planning is still a sensitive subject and contraceptive advice is not readily available. However, the Government does permit services to be offered as part of MCH, and in 1970 invited an IPPF doctor to Bujumbura to carry out this function. Dr Luc Gourand started work in July 1970. There is no family planning association.

HISTORY

Following a visit by Dr Dorothy Speed of IPPF's Nairobi Office in September 1969, the Minister of Health requested IPPF to send a gynaecologist to be attached to his Ministry to start doing family planning work within maternal and child health services. Dr Gourand, who had previously worked on a nutrition project and done family planning in Rwanda, was appointed to the post.

Dr Gourand's address: B.P. 2294, Bujumbura.

Dr Gourand will be leaving Burundi in the summer of 1972.

SERVICES

Dr Gourand provides services at 3 clinics in Bujumbura. In 1971, a total of 966 family planning visits were made, of which 145 were new acceptors. Pills were considerably more popular than IUDs: 59 new acceptors chose the pill as against 20 for the IUD. 61 new three-monthly injections were also given, and were reported to be particularly popular with multiparous women.

An important part of the work concerns the provision of other services. During 1971 a total of 653 infertility patients were seen, 380 gynaecological examinations were made, and 312 pre-natal visits took place.

Figures for the months of December 1971 and January and February 1972 showed 127 contraceptive visits (46 new acceptors), and 119 infertility visits. Dr Gourand reports that it will soon be possible to add papanicolaou smear tests to the list of services provided.

EDUCATION/INFORMATION

Information and education activities are, of necessity, not extensive. Some IPPF literature in French has been distributed, and posters are displayed in hospitals and clinics.

Dr Gourand has given several talks to medical and paramedical personnel. In February 1972 he was invited to take part in a sex education class for 16 to 18 year olds at a girls Lycee. Questions covered the physiology of reproduction, sterility and contraception.

Medical films have been shown to medical and paramedical personnel at the hospital in Bujumbura.

Dr Gourand attended the 'Population in African Development' Conference in Accra in December 1971.

## TRAINING

Dr Gourand himself trained one nurse in family planning, gynaecology and pre-natal care during 1971.

Four social workers from Burundi attended a special French language family planning course at the Family Welfare Centre, Nairobi, in June 1970.

## OTHER ORGANISATIONS

Pathfinder Fund is supporting a midwife who is doing family planning work attached to a WHO nutrition project at Gitega.

A few mission hospitals offer family planning services.

## SOURCES

Europa Yearbook 1972

Africa 71.

Annual Report from Burundi to IPPF for 1971.

# Situation Report

Distribution *

Country CAMBODIA

Date JUNE 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE STATISTICS |
|---|---|---|---|
| Area | | | 181,035 sq.kms.[1] |
| Total Population | 4,074,000 | 5,440,000 | 6,701,000(1969)[1] |
| Population Growth Rate | | | 2.2%p.a.(1963-69)[1+] |
| Birth Rate | 51 | 41.4 | 44.6 per 1,000 (1966-70) |
| Death Rate | 30(1954) | 19.7(1966) | 15.6 per 1,000 (1966-70)[1] |
| Infant Mortality Rate | | 127(1959) | 127 per 1,000 (1970)[3] |
| Women of Fertile Age(15-44) | | | 1,204,305 (1968)[2] |
| Population under 15 | | | 44% (1968)[3] |
| Urban Population | | | 12.8%(1970)[4] |
| GNP per capita | | US$70 | US$120 (1968)[5] |
| GNP per capita growth rate | | | 0.6% (1961-68 average)[5] |
| Population per Doctor | 39,000 | | 22,260(1966)[1] |
| Population per Hospital Bed | 1,328 | | 1,320 (1965)[1] |

1) UN Statistical Yearbook 1970

2) UN Demographic Yearbook 1970

3) Population Reference Bureau, Data Sheet 1971

4) Calculated from World Urbanisation 1950-70, Volume I - Basic Data for Cities, Country and Regions by Kingsley Davis. - a Population Monograph Series, University of California, Berkeley, U.S.A.

5) World Bank Atlas 1971

\+ Estimate of Ministry of Labour - 3.2%

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## GENERAL BACKGROUND

Formerly a French Protectorate, Cambodia achieved independence in 1953 and was a constitutional monarchy until March 1970 when Prince Sihanouk was overthrown by a coup. The new Government, which is largely composed of members of the former ministry, has not yet abolished the monarchy but has a civilian commoner as temporary Head of State.

The capital is Phnom Penh with a population of approximately 394,000. The population density is 37 people per square km. The average household number 5.1 members.

### Ethnic Groups

The majority of the population are Khmer (5,334,000). The significant minorities are Vietnamese (218,000), Chinese (163,000), Cham (85,000) and Europeans (5,000).

### Language

Cambodian (Khmer) is the official language spoken by all except the Vietnamese and Chinese minorities. French is the second official language.

### Religion

The majority of Cambodians practise Therevada Buddhism. There are nearly 20,000 Buddhist priests at any one time.

There are also about 57,000 Roman Catholics, mostly Vietnamese and Europeans.

### Economy

The economy is based on agriculture and fishing. Rice is the staple food crop and principal export. Rice, together with rubber, maize and pepper constitute about 92% of exports. Industrial development is concentrated on small-scale import-substituting enterprises such as textiles and paper making.

Cambodia receives aid from various foreign countries.

US$1 - 140Riel (The government has applied a flexible exchange rate since October 1971 in consultation with the International Monetary Fund).

### Communications/Education

The Khmer National Radio service broadcasts in Khmer, French, English, Thai, Chinese, Laotian and Vietnamese. In 1968 there were approximately 1,000,000 radio receivers. An experimental television service was started in 1962, and in 1969 there were 50,000 TV receivers. In 1968, there were 26 daily newspapers with a circulation of 145,000. Education in Cambodia has traditionally been in the hands of Buddhist priests, but state facilities are expanding rapidly. In 1967-68 there were nearly a million primary school students and nearly 100,000 secondary students. There are two universities in Phnom Peng, and 12 other institutes of higher education.

## Medical

6% of budgetary expenses go to public health services, and there are over 600 hospitals and dispensaries.

Lefe expectancy (1958-59) - male: 44.2 years
female: 43.3 years

There are a total of 70 hospital establishments and in 1960 there were 282 physicians, 21 dentists, 47 pharmacists, 1,750 nursing personnel, 846 midwives providing services.

## FAMILY PLANNING SITUATION

There is no organised family planning activity in Cambodia. Some years ago, Prince Sihanouk's Government was opposed to family planning, on the basis that Cambodia was under-populated, with large areas of unexploited land. More recently the Prince stated that the unlimited increase in population was one of the present problems of the government.

There is an increasing interest in family planning in medical circles in Cambodia but it is clear that any activities in this field would have to await governmental approval. There is strong opposition to family planning among the Roman Catholic minority.

It seems that despite the lack of official approval for family planning, oral contraceptives are obtainable, and abortions are relatively common.

## Legislation

The French anti-contraceptive legislation of the 1920s is still on the statute book. Oral contraception is illegal but a small quantity of pills are imported by the Ministry of Health for medical purposes.

Section 459 of the Penal Code prescribes that abortion is not punishable where it constitutes a necessary measure to save the life of the mother and is performed by a qualified physician after the authorities of the commune have been notified.

# Situation Report

Distribution*

Country MEXICO

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 1,972,546 sq.kms. |
| Total population | 25,791,017 | 34,923,129 | 48,377,363 (1970) |
| Population growth rate | 2.9% (1953-56) | 3.5% (1960-65) | 3.5% (1963-70) |
| Birth rate | 45.5 | 46.0 | 41.3 per 1,000 (1970) |
| Death rate | 16.2 | 11.5 | 9.2 per 1,000 (1970) |
| Infant mortality rate | 96.2 | 74.2 | 67.4 per 1,000 (1970) |
| Women in fertile age group(15-44) | 5,807,945 | 7,338,628 | 9,940,708(1970) |
| Population under 15 | 42.0% | 44.0% | 46.0%(1970) |
| Urban population | | 49.3%[1] | 56.5%(1970)[1] |
| GNP per capita | US$117[2] | US$138[2] | US$580(1969)[3] |
| GNP per capita growth rate | | | 3.4%(1960-69)[3] |
| Population per doctor | | | 1,800(1967)[4] |
| Population per hospital bed | | | 500(1966)[4] |

Unless otherwise stated the source for this table is the United Nations Demographic Yearbook.

1. United Nations Monthly Bulletin of Statistics, November 1971
2. Mexico: Su Problema Demografico. Helen A.Barth. Population Bulletin, November 1964.
3. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
4. Fourth Report on the World Health Situation, 1965-1968. Official Records of the World Health Organization No. 192. WHO Geneva, June 1971.

* This report is not an official publication but has been prepared to informational and consultative purposes.

## I. GENERAL BACKGROUND

Mexico is a Federal Republic, consisting of 29 states, two territories, and a Federal District.

The institutionalization of a one-party system of Government has brought political stability. Since 1940, considerable economic progress has been made, the contributing factors being the expansion of world demand, the commercialization infrastructure and in manufacturing. During the 1960s, Mexico had an average economic growth rate of 6% per annum. Modern and traditional sectors coexist, and despite an absolute rise in national income as a result of industrialization and modernization, per capita income remains unequally distributed. Low wages, and the highest concentration of un and underemployment are found in the rural and agricultural sector.

Despite recent economic progress, growth has not been rapid enough to provide consistently higher standards of living for all of Mexico's population, which has been increasing at a rate of 3.5% a year over the past decade. At its present rate of growth the population will double within 21 years. The urban growth rate is higher than the national average, dating back to the increased migration from the countryside to the towns after 1940. The population of Mexico City grew by 59.6% between 1950 and 1960, compared to the increase of the total population during the same period of 35.4%. By 1970 the Federal District had a population of 6.8 million inhabitants.

### Ethnic

Approximately 85% of the population are mestizo, 10% are Indian, and 5% are of European descent.

### Language

Approximately 89% of the population speak Spanish, nearly 7% speak both Spanish and an Indian language, and approximately 3% speak an Indian language only.

### Religion

The Roman Catholic Church was brought under State control in 1971. The majority of the population are Roman Catholic and a very small group are members of a Protestant Church.

### Economy

Agriculture accounts for over a quarter of national income. The chief crops are wheat, maize, and cotton. Oil and petrochemicals, timber, silver, and sulphur are also important products. There has been considerable expansion of industry and manufacturing and Mexico now produces approximately 80% of her consumer goods. Tourism is a major income earner, the majority of visitors coming from the USA. There is extensive North American capital investment in Mexican industry and enterprises.

### Communications/Education

Mexico has an extensive road network, and long-distance coaches are the chief form of transport. Internal air services are well developed to overcome the problems arising from the country's geographical features. There is also a railway network and shipping services.

There are 61 daily newspapers in Mexico City and in 26 other major cities, as well as 46 other journals published in the capital. There are 314 commercial and ten cultural radio stations, and 25 commercial and one cultural television station. Colour television was introduced in 1967. In 1969 there were 4.8 million radio and 2.2 million television sets.

State education is free and compulsory between the ages of six and twelve years. The level of illiteracy has been considerably reduced through an expansion of educational facilities and a special adult education programme. In 1960 35% of the population aged 15 years and over were illiterate and in 1967 23%. About one fifth of the national budget is allocated to education.

There are 38 universities.

Medical/Social Welfare

Health services are provided through the Federal Government which co-ordinates the public health services in the 29 states and two territories. The chief agencies providing services are the Secretariat of Health and Welfare, the Social Security and Social Services Institute for Civil Servants, and the Mexican Social Security Institute. The armed forces, the state pretoleum company, the railways and the medical faculties also provide services. All these activities are coordinated by the Secretariat of Health.

The provision of a comprehensive social security system is written into the Constitution of 1917. Labour legislation has been coded and updated in the new labour law of 1970 which includes compulsory profit sharing. The Mexican Social Security Institute administers social welfare benefits, financed by employers', employees' and the State's contributions. Benefits are restricted mainly to middle-class and skilled white-collar workers, and most of the urban poor are not covered. Services have been extended to the rural areas, but cover and facilities are still inadequate.

## II. FAMILY PLANNING SITUATION

A private family planning association supported by the IPPF provides services. A second and smaller private association also provides family planning services and carries out clinical research.

Attitudes

The Government has officially offered no support or assistance to the work of the family planning associations. There is some unofficial cooperation by the Secretariat of Health and Welfare and the Mexican Social Security Institute with the IPPF-supported association, to the extent of permitting some clinics to be held in public health facilities.

The Roman Catholic Church officially supports the Papal Encyclical's statements on birth control and in some states there has been a Catholic attack on the family planning programme. In general however the Roman Catholic Church has not attacked the work of the family planning associations.

Medical professionals are becoming increasingly interested in family planning. Their support has been gained through an agreement signed by the IPPF-supported association with the Mexican Association of Medical Schools and Faculties in 1968, under which family planning and demography has been introduced into the training courses of several of the Schools and Faculties.

## Legislation

Under Article 24 of the 1955 Sanitary Code, advertising and publicity for contraceptives and abortion practices are illegal.

Abortion is illegal unless performed to save the mother's life or the pregnancy is the result of rape. The number of illegal induced abortions is high. A recent study showed that of a sample group of 1,013 women patients, 596 (58.3%) had abortion problems and 280 of these were suffering the consequences of an induced abortion. In the group of 596, there was an average of 2.15 abortions per woman.[1]

## Family Planning Association

### History

The Fundacion para Estudios de la Poblacion (Foundation for Population Studies) was established in 1965 by a group of private individuals interested in demographic problems. The group included lawyers, physicians, and economists. An Executive Committee was constituted to organize the new association and the first clinic was opened in 1966. Through the affiliation to the Committee of representatives of professional groups, the Foundation maintains close contact with influential members of the community such as industrialists, bankers, journalists, politicians, priests, academics, and legislators.

In 1967 the Foundation became a member of the IPPF.

### Address:

Fundación para Estudios de la Población, A.C.,
Avenida Insurgentes Sur 1752,
Colonia Florida,
México 20, D.F.,
México.

### Personnel:

| | |
|---|---|
| President: | Sr Eduardo Villasenor |
| Executive Director: | Lic. Gerardo Cornejo |
| Medical Director: | Dr. Sergio Correu |
| Education Director: | Dr. Alfonso Orozco |
| Resource Development Director: | Miss Kathy Denman |
| Special Adviser: | Dr. Norman Borlaug |

1. El aborto criminal como problema social. Dr. Manuel Mateos Fournier: paper given at the XVII National Assembly of Surgeons, Mexico, November 1966

## Services

The medical and clinical services provided by the Foundation have undergone rapid expansion since their initiation in 1966. By the end of 1971 there were 48 centres offering family planning services, 13 of which were in the Federal District and 35 in the interior of the country. The large majority of the centres are in towns and cities. During 1971 seven new centres were opened, and three existing centres expanded their opening hours. Fourteen of the centres are in government hospitals.

The staff of a centre usually includes at least one doctor, social workers who make home visits, and supporting staff. The services offered include fertility and infertility treatment, prenatal control, gynaecological treatment, patient motivation and education, and cancer detection. The demand for Papanicolaou tests is high and many women visit a centre for this service alone. In January 1969 the Foundation opened its own Cytology Laboratory to process the tests. These had previously been examined in private laboratories. In 1971 a total of 37,901 cytology tests were examined.

During 1971 a total of 275,821 patients attended the Foundation's centres of whom 40,843 were new. Of this latter group 70.7% accepted a contraceptive method, 1.6% received fertility or infertility treatment, 13% were gynaecological patients, and 14.7% attended for other services.

The oral contraceptive is the most frequently used method. In 1971 it was chosen by 15,066 new acceptors, 9,901 new acceptors selected the IUD and 7,475 the injectables.

## Education/Information

The Foundation carries out an active information and education programme designed to educate influential national and community leaders to support family planning, to motivate information to acceptors in order to retain them within the programme.

Three groups in particular are selected as the targets for the programme: the higher socio-cultural level of opinion formers and leaders, students, and acceptors.

The first group are approached through lectures and seminars, and in 1971 the programme included 87 lectures, a seminar for teachers in the State of Mexico, the First Seminar for the Architects Society and the Second Seminar for Journalists. The students which the Foundation seeks to reach include those of medicine, nursing, social work, education, and technology. At the request of the different student groups the Foundation arranges lectures, discussions, and film shows, and also distributes its literature on family planning and related topics.

Motivation and education of clients at clinic level takes the form of talks by social workers. In some of the Foundation's centres a member of staff works full-time to carry out the educational programme while in others the programme is the responsibility of a visiting member of the Foundation's central office staff. Relatives and friends are encouraged to attend, audio-visual aids are used to demonstrate contraceptive techniques, films are shown, and discussion is stimulated.

Person to person and group communications activities are supported by the publication and distribution of the Foundation's newsletter and of other printed material on family planning, demographic problems, and abortion. The mass media have not as yet been extensively used by the Foundation in any organized programme but there has been spontaneous reporting in the press and on radio and television on family planning and on the Foundation's work. In 1971 33 film-showings were made of Foundation films on two television channels, one of which was in the Federal District. A large viewing audience of approximately three million people was reached. Also in 1971 Foundation personnel appeared in radio and television interviews and features. It is planned to develop an organized mass media campaign in 1972 using radio, the press, and bill-boards.

Training

The Foundation organizes the training of all doctors, nurses and social workers who staff the centres. Short refresher courses are also held for the current staff, to stimulate their interest and involvement in the new advances in the field of family planning, in particular in contraceptive research. An annual meeting is held for the doctors of the centres.

In 1971 a total of 128 Foundation personnel attended family planning training and refresher courses other than the annual doctors' meeting. Two training courses were held for doctors and medical students, two refresher coursed for social workers, and one course on administration and family planning for doctors. The Foundation's training work in 1971 was supported by the Ford Foundation.

At the end of 1968 the Foundation signed an agreement with the Mexican Association of Faculties and Schools of Medicine, under which the latter was to introduce demography and family planning into their curricula with technical assistance from the Foundation. These subjects are now taught in several of the country's medical schools. The Foundation has organized courses for the heads of the Schools and Faculties to prepare them for the teaching of these topics.

Research and Evaluation

The Department of Evaluation in 1971 supervised and maintained the statistical data on client movements in all the Foundation's centres. It also developed new techniques of data recording which were tested in centres in the Federal District. In 1972 this new and improved system is to be introduced into the centres in the rest of the country.

The Department also carried out other evaluation work. In 1971 this included an evaluation of the courses given by the Education Department, an analysis of an earlier KAP study, and a study of the socio-economic characteristics of all the clients in the Foundation's centres.

Resource Development

The Foundation was organizing fund-raising activities as early as 1969. These are now the responsibility of the Resource Development Department and its Director. At the end of 1971 the Mexican Government granted the Foundation tax exemption on contributions.

In 1971 over US$17,000 were raised in local funds.

Government

Although the Government officially maintains a strong pro-natalist stand in its public statements, a start has been made in involving the public health authorities in the provision of family planning services.

In 1969, the Foundation held a series of conversations with three official bodies, the Secretariat of Health and Assistance, the Mexican Institute of Social Security (IMSS), and the Social Security Institute for State Employees (ISSSTE). As a result it was agreed to set up four pilot family planning clinics in four Health Centres run by the Secretariat. The Foundation trained, and paid the salaries of, the staff of each centre, which included a doctor, a social worker and two nurses, and the Secretariat provided the facilities, installations and equipment as well as guaranteeing the full cooperation of all the staff of the Centre. It is planned to extend the system in the future. Similar cooperation is being developed with the IMSS and the ISSSTE. The Foundation is also operating clinics in certain government hospitals.

Other Organizations

Asociación Pro-Salud Maternal, A.C.

History

The Asociación Pro-Salud Maternal (Maternal Health Association), was set up in 1958 under the title of Asociación Pro-Bien Estar de la Familia, and it opened its first clinic in Mexico City in January 1959. The Association was supported by the IPPF for the first three years of its existence. The first Association was terminated in 1963, and the present one formed. It is privately run and financed, and its aims are to carry out clinical research, to provide family planning training for professionals, and to make family planning services available to the public, in particular to the low income groups.

Address:

Asociación Pro-Salud Maternal, A.C.
San Luis Potosi 101,
Apartado postal 7-1050,
Mexico 7, D.F.,
Mexico.

## Organización Regional Interamericana de Trabajadores - ORIT - Inter-American Regional Organization of Workers

ORIT with its headquarters in Mexico has 28.5 million members in the Western Hemisphere through its affiliates. It is the Inter-American branch of the International Confederation of Free Trade Unions.

In 1969 the topics of population, the demographic explosion, and family planning were included in the educational programme which ORIT carries out at the Inter-American Labour College in Mexico and similar establishments at national, affiliate level. At the end of 1971 interest in population and family planning was institutionalized by the creation of a Unit for Population and Work within ORIT's Department of Social Affairs. The new Unit is to carry out the following activities:

1. Inform workers and their families about population and family planning through the distribution of printed and other materials.

2. Educate workers and their families about responsible parenthood through seminars, meetings etc.

3. Investigate the socio-economic results of the demographic explosion, in particular in relation to employment and the welfare of the worker.

4. Coordinate affiliates' activities with the public and private institutions which offer family planning clinical services.

### Address

Organización Regional Interamericana de Trabajadores,
Plaza de la República 30, piso 3,
Mexico, D.F.,
Mexico.

### Personnel

| | |
|---|---|
| Secretary General: | Sr.Arturo Jáuregui Hurtado |
| Director - Dept. of Social Affairs (Unit for Population Work) | Sr. Manuel Migue C. |

### Sources

- Fundación para Estudios de la Población, Informe Anual de Actividades, 1970.
- _____, Annual Report for 1970 to the IPPF.
- _____, Semi-annual Fiscal Report, January 1 - June 30 1971, to the IPPF.
- _____, Budget proposal for 1972 submitted to the IPPF.
- Asociación Pro-Salud Maternal, Annual Report for 1969.
- Organización Regional Interamericana de Trabajadores, Twenty Years of Free Trade Unionism in America, January 12, 1951-1971.

- The Europa Year Book 1971. Vol.II

- Departamento de Asuntos, Unión Panamericana, Secretaría General dle la DEA, Washington, D.C., Datos Básicos de Población en América Latina, 1970.

C O N F I D E N T I A L

Early in 1972, following the visit of General William Draper to Mexico, the Government said that it would not find any inconvenience if the Fundacion para Estudios de la Poblacion were to request financial aid from the UNFPA. Although this attitude has not been made public it represents unofficial recognition by the Government of the Foundation's work. A project is being drawn up to present to the UNFPA for which the IPPF will act as executing agency, with financial support of one million dollars from the UNFPA.

Further to this, the Foundation has been invited to be represented on the National Council for Maternal and Child Health Services which is the policy-making body of the official Maternal and Child Health Service.

The Foundation has requested that these developments not be publicised at the moment.

# Situation Report

Distribution *

Country MONTSERRAT

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 98 sq. kms. |
| Total Population | 14,333(1946) | 12,108 | 12,900 (1971)[1] |
| Population Growth Rate | | | 1.8% (1963-70) |
| Birth Rate | 30.0 | 29.4 | 20.9 per 1,000(1971)[1] |
| Death Rate | 14.6 | 11.6 | 8.1 per 1,000(1970)[2] |
| Infant Mortality Rate | 126.1 | 114.2 | 53.0 per 1,000(1970)[2] |
| Women in Fertile Age Group (15-44 yrs) | | | 2,219 (1960) |
| Population Under 15 yrs | | | 42.0% (1960) |
| Urban Population | | | - |
| GNP Per Capita | | | - |
| GNP Per Capita Growth Rate | | | - |
| Population Per Doctor | | | 1,880 (1969)[3] |
| Population Per Hospital Bed | | | 170 (1968)[3] |

Unless otherwise stated the source for the table is the United Nations Demographic Yearbook.

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1. Annual Report of the Montserrat Family Planning Association to the IPPF, 1971.
2. Statistical Papers. Series A. Vol. XXIV, No. 1. Population and Vital Statistics Report. United Nations.
3. United Nations Statistical Yearbook, 1970.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## I. GENERAL BACKGROUND

Montserrat in the Leeward Islands is a British colony with representative Government.

The island's low birth rate and slow rate of population growth are primarily the result of extensive emigration from the island. The rate of illegitimate to legitimate births is high and the percentage of young people in the population is growing rapidly. The age for childbearing and marriage among girls is in the early teens.

The population of the capital, Plymouth, is about 3,500.

### Ethnic

The majority of the population are of Negro descent. There is a small white minority.

### Language

English: some local dialects are spoken.

### Religion

There are Church of England, Roman Catholic, Methodist, Pentecostal, and Seventh-Day Adventist churches.

### Economy

The economy is agricultural, the chief crops being sea-island cotton, limes, bananas and sugar derivatives. These goods form the island's exports.

### Communications/Education

Internal communication is by road. Montserrat's isolation is being overcome by the development of inter-island and international air and sea routes.

The island has one weekly newspaper and two radio stations. It is also covered by the broadcasts of the Leeward Islands' Television Service.

In 1968 primary education was provided by 17 schools the majority of which were run by the Government. There is one government-supported secondary school. In 1960, 19.5% of persons aged 15 years and over were illiterate.

### Medical/Social Welfare

Public health services are provided at government health centres and at a government hospital.

## II. FAMILY PLANNING SITUATION

A private family planning association provides services in cooperation with the personnel of government health centres. It is mainly supported by the sale of contraceptives and patient fees. The IPPF provided some contraceptive supplies and equipment in 1971.

## Attitudes

Although there was initially no significant opposition to family planning the results of the 1970 census, showing a static population, led to talk of an expansionist population policy. The Family Planning Association is concerned with family spacing and with maternal and child health rather than with birth control.

The Government cooperates with the Association, permitting services to be provided on government health premises by public health personnel. The Association has received a small annual grant from the Government of £50. The wife of the island's administrator is the Association's Vice-president.

## Legislation

Abortion is illegal unless it is performed to save the woman's life.

## Family Planning Association

### History

The Montserrat Family Planning Association, founded in 1966, provides advice and services for women wishing to space or limit their families. More recently the patients have been younger women with few or no children, as well as the mothers of large families who were the earliest patients.

### Address

Montserrat Family Planning Association,
Box 118,
Plymouth,
Montserrat, W.I.

### Personnel

President: Dr N. C. Griffin

Vice-president: Dr B. E. Gibbs

### Services

The Association provides family planning services through three government health centres, reaching the island's total population. All the clinics initiated services in September and October 1966, and are open one day a fortnight for a two-hour session. As well as contraceptive advice and services, infertility treatment and post-natal care of mothers is available. Gynaecological problems are referred to the hospital for treatment. The medical, paramedical, and clerical personnel who staff the clinics offer their services free of charge. The Association provides contraceptive supplies, materials and equipment, and patient forms.

In 1971 the Association attended a total of 53 new acceptors, 30 of whom chose the IUD and 23 the oral contraceptive method. There were 129 follow-up visits, the majority for the IUD. The Association reports a high drop-out rate among pill users who do not return to collect supplies. By the end of 1971 the Association was serving a total of 180 active acceptors.

Education/Information

The Association contacts all expectant mothers through the doctors and nurses who are voluntarily working in family planning. Each year the Association takes part in the activities of Homes and Families Week.

Training

Personnel working with the Association have received training in Barbados and Trinidad. There were no training activities in 1971.

Sources

- The Europa Year Book. A World Survey. Vol. II. 1971.

# Situation Report

Distribution *

Country NICARAGUA

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE STATISTICS |
|---|---|---|---|
| Area | | | 130,000 sq. kms |
| Total Population | 1,057,023 | 1,535,588 (1963) | 1,980,000 (1970) |
| Population Growth Rate | 3.4%(1953-6) | 2.9%(1958-63) | 3.7% (1963-70) |
| Birth Rate | 41.2 | 43.2 | 46.0 per 1,000 (1965-70) |
| Death Rate | 10.8 | 8.6 | 16.5 per 1,000 (1965-70) |
| Infant Mortality Rate | 82.0 | 70.2 | 55.4 per 1,000 (1966) |
| Women in Fertile Age Group (15-44 yrs) | | | 315,145 (1963) |
| Population under 15 Yrs | | 48.0% (1963)[1] | 47.0% (1970)[1] |
| Urban Population | | 37.2%[2] | 42.1% (1970)[2] |
| GNP Per Capita | | | US$380 (1969)[3] |
| GNP Per Capita Growth Rate | | | 2.8% (1960-69)[3] |
| Population Per Doctor | | | 1,970 (1968)[4] |
| Population Per Hospital Bed | | | 440 (1968)[4] |

Unless otherwise stated the source for this table is the United Nations Demographic Yearbook.

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1. Datos Básicos de Población en América Latina, 1970: Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.
2. United Nations Monthly Bulletin of Statistics, November 1971.
3. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
4. United Nations Statistical Yearbook, 1970.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## I GENERAL BACKGROUND

The Republic of Nicaragua, the largest of the member states of the Central American Common Market, began to develop along modern production lines after 1945 when in response to external market stimuli, a gradual changeover from a subsistence to a cash-crop agricultural economy began.

The country has a high rate of population growth. At the present rate the population will double within 20 years. Urban growth has been particularly rapid over the past decade, the population of the capital, Managua, having risen from 296,000 inhabitants in 1964 to 397,000 in 1968. However the population is still predominantly rural, and educational and health levels are low. Despite some economic development there has been no real social reform and income distribution remains unequal with less than 2% of landowners controlling 40% of the cultivated land.

### Ethnic

Two thirds of the population are mestizo. There are small white, Negro and Indian groups.

### Religion

There is no state church. The majority of the population are Roman Catholic and about 4% of the population belong to a Protestant church.

### Economy

After 1945 a period of more rapid development stimulated the change from a subsistence, agricultural economy to one based on cash-crop production, organized on a large scale and using more modern technical methods. Coffee and cotton are the chief exports. Cattle, sugar, rice and timber are also being promoted. Mineral resources are exploited with government investment, and the National Development Institute directs industrial development. So far this has been limited to textiles, petroleum refining, cement, tobacco, and processing plants.

### Communications/Education

The road network is large but poor and mainly serves the west of the country. Improvement is being given priority and a road construction programme is underway with the help of a foreign loan, concentrating on the development of the interior. There is a small government owned railway network, and also air, steamer, and coastal services.

There are 17 newspapers, including four major dailies, and over 70 radio and two television stations. In 1969 there were 107,000 radio and 45,000 television sets.

Education is free and compulsory between the ages of six and 13 years but drop-out rates are high. In 1963 50% of persons aged 15 years and over were illiterate. There are two universities with about 6,000 students.

### Medical/Social Welfare

The Ministry of Public Health provides a free medical service. The National Institute of Social Security also provides services but the total number of beneficiaries is low and is mainly concentrated in Managua and other large towns. Health forms a high percentage of total budget expenditure in an attempt to improve standards and facilities.

Maternal and child care is available at government centres: in 1967 these numbered 67. In 1968 less than 20% of all live births took place in institutions.

## II FAMILY PLANNING SITUATION

Family planning services are provided by the Ministry of Public Health, by the National Social Security Institute, and by the Moravian Missions. With the agreement of all the agencies in the country concerned with population and family planning, a private family planning association was established in 1970 with support from the IPPF. All family planning activities are co-ordinated by the Ministry of Public Health.

### Attitudes

Although the Government runs a family planning programme as part of its maternal and child health service and despite the considerable support for family planning within official and professional circles, there is no official policy on population.

### Legislation

Abortion is illegal unless performed to save the woman's life.

### FAMILY PLANNING ASSOCIATION

#### History

An attempt to set up a private association in 1966 failed. In 1970 an official of the IPPF Western Hemisphere Region Office visited Nicaragua to advise on the establishment of a new private association. Officials, including the President of the Republic and the Vice-Minister of Public Health, and professional persons, showed considerable interest in the proposition. It was decided to send an observation mission to the Dominican Republic to learn about the functioning of a private association and to study the integration of a private and a public programme.

Following the visit by eight officials to the Dominican Republic a private association, called the Demographic Association of Nicaragua, was set up with financial support from the IPPF.

#### Address:

Asociación Demográfica Nicaragüense,
Edificio Zacarías Guerra, 40 piso,
Apartado postal No. 4220,
Managua,
Nicaragua.

#### Personnel:

President: Ing. José Antonio Mora

Executive Director: Dr Emilio Bandes Wagui

## Education/Information

In its first year of activity the new Association concentrated on establishing an administrative structure and on developing an information and education programme, at this stage primarily to gain new members. It is intended in the long term that the Association will support the government service programme in the fields of information and education, training and research.

A programme of meetings, seminars, and lectures was held in 1971 to motivate professional groups and students in support of family planning. Articles on family planning began to appear in the press and some Association members gave television interviews. A start was made in developing printed material to back up the campaign. As the Association establishes itself it plans to organize a regular motivation programme to encourage potential acceptors to use the available services. As the country has a high illiteracy rate emphasis is to be put on using radio and television.

Two special events in 1971 were the participation by the new Association in a seminar on Youth and Population sponsored by the World Assembly of Youth, and the holding of the IPPF-sponsored Administrative Workshop for Executive Directors and Presidents of Family Planning Associations affiliated to the IPPF in Mexico, Central America, Panama, and the Dominican Republic, in Managua in July 1971.

## Training

No training activities were undertaken in 1971.

## GOVERNMENT

## History

In September 1967 an office of Family Welfare was set up within the Maternal and Child Health Division of the Ministry of Public Health, to provide family planning services on a national scale. The programme for integrating family planning into the maternal and child health service was drawn up with technical advice from the Pan American Health Organization and was established with USAID financial assistance.

## Address

Programa Pro-Bienestar de la Familia,
Ministerio de Salud Pública,
Managua, D.N.,
Nicaragua.

## Personnel

President: Dr. Roberto Castillo Quant (vice-minister of Public Health)

## Services

In 1970 the Family Welfare Programme was providing contraceptive services in 39 health centres, reaching a total of 7,336 new acceptors and 8,872 control patients. The IUD is the most commonly used contraceptive method and is supplied by USAID which also supplies a limited amount of orals.

By early 1971 the Ministry of Public Health had expanded the number of centres offering family planning services to 50. There were nearly 13,000 active acceptors within the Programme.

Education/Information

Contraceptive information is available for all women attending public health maternal and child care facilities. A National Council has been established to evaluate the present situation regarding sex education and to prepare a national educational programme. Adult sex education will come under the Family Welfare Office of the Ministry of Public Health.

Training

Training is organized by the Family Welfare Office for its programme personnel. In 1970 and the first half of 1971 a total of 92 persons received training. In 1970 and 1971 47 persons received training outside Nicaragua.

OTHERS

Instituto Nacional de Seguridad Social: (National Social Security Institute)

The National Social Security Institute established family planning services in its health facilities in 1969, following a study on induced abortion. It now provides services in all nine of its facilities. The programme receives financial support from USAID. By early 1971 the Institute had 1,121 active acceptors within its programme.

The Moravian Missionary group

The Moravians run a small family planning programme in missionary hospitals in the Atlantic coast area, in particular among Indian communities. The programme receives financial support from USAID. By early 1971 there were 936 active acceptors.

Sources

- Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO, No. 193, WHO June 1971.

- WHO, Twenty-Fourth World Health Assembly, May 5, 1971: Report by the delegate of Nicaragua, Dr Canales.

- Dr Ofelia Mendoza, Report to the Executive Committee of IPPF-WHR, March 11,1970.

- Population Programme Assistance: Agency for International Development, Bureau for Technical Assistance, Office of Population, Washington, D.C. December 1971.

- The Europa Yearbook. A World Survey. Vol II. 1971.

# Situation Report

Distribution *

Country PAPUA & NEW GUINEA

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area - New Guinea | | | 238,693 sq.km.[1] |
| - Papua | | | 222,998 sq.km. |
| Total Population | | | |
| - New Guinea | | 1,578,650(1966) | 1,752,000(1970)[2] |
| - Papua | | 606,339(1966) | 669,000(1970) |
| Population Growth Rate | | | |
| - New Guinea | | | 2.1%(1963-70average)[2] |
| - Papua | | | 3.0%(1963-70average) |
| Birth Rate | | | 43.8 per 1000(1968)[3] |
| Death Rate | | | 20.7 per 1000(1963)[3] |
| Infant Mortality Rate | | | Not available |
| Women in Fertile Age (15-44) | | | Not available |
| Population under 15 | | | Not available |
| Urban population | | | Not available |
| GNP per capita | | | US$210[4] |
| GNP per capita growth rate | | | 2.0%[4] |
| Population per doctor | | | 3270(1969)[1] |
| Population per hospital bed | | | 70 (1969)[1] |

1. UN Statistical Yearbook - 1970
2. UN Demographic Yearbook - 1970
3. Local estimate given in the paper presented by D.J.Van de Kaa at the Seminar on Population Growth & Economic Development, November 1970.
4. World Bank Atlas - 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Papua is an Australian Territory and New Guinea is a United Nations Trust Territory. The two territories are administered together by Australia, through the House of Assembly made up primarily of elected representatives. Together they form the eastern half of the island of New Guinea. To the west lies the Indonesian territory of West Irian. The average population density is about 7 per square kilometre in New Guinea and 3 in Papua. Life expectancy at birth is about 43 years.

### Ethnic Group

There is a large non-indigenous group mainly from Australia.

### Languages

English is the language of administration.

### Religion

Most of the indigenous population is pantheistic. There is much missionary work by most Christian denominations.

### Economy

The economy is basically subsistence. Trade forms an integral part of development and exports play an important role in the economic growth and prosperity of the country. Most of its export income is derived from sale of tropical commodities like coconut, coffee, cocoa and timber on the world market. Its main trade partners are Australia, Western Europe, U.S.A. and Japan. Papua & New Guinea is gradually entering the manufacturing field. A five-year Development Plan (1969-73) is under way to double export earnings by 1973 and to make the economy self-sufficient by 1980. The major aims of the plan are - substantial expansion of production in all sectors, the strengthening of the economic infrastructure, and the advancement of indigenous ownership management and employment.

### Communications/Education

Papua and New Guinea have two radio broadcasting stations - both government owned . Two newspapers are published. In 1969 there were also 29 cinemas. Total number of pupils in nearly 2,000 schools is 233,814. The University of Papua and New Guinea has 592 students and the Institute of Technology 250 students. There are also 15 teacher training schools with approximately 1,700 students. In 1971 it is hoped that 60% of the 7-12 (primary) age group will be provided schooling facilities.

### Medical

In 1967 there were 70 hospital establishments with 8,691 beds. Also 198 physicians; 24 dentists; 2,340 nurses and 31 pharmacists provided medical services.

## FAMILY PLANNING SITUATION

A family planning programme is being developed by the Department of Publich Health and United Churches Mission hospitals.

## Legislation

There is no anti-contraceptive legislation.

## Family Planning Association

None

## Government Attitude and Programme

The Administration supports the idea of family planning in Papua and New Guinea. An Advisor of Population Policies and Programme from ECAFE, visited Papua and New Guinea in November 1970 and after detailed investigations drew up a comprehensive family planning programme for the Administration to execute.

In 1967 the Public Health Department of the Administration began providing family planning services within the Maternal and Child Health system in Port Moresby. With special funds from the Australian Government a training programme for doctors and nurses was started and family planning clinics were established in hospitals. Emphasis was placed on IUD and the PHD set a target of inserting 11,000 IUDs annually over a 10 year period.

## Services

In 1969-70 family planning services were provided through 46 clinics - 28 of these were located in the Public Health Department premises and 18 in the United Church Mission medical institutions. Family planning services are carried out by the existing health staff of the institutions. All methods of contraception except male sterilisation are offered. The total number of acceptors was 1,526 in 1969-70; 90% of these accepted the IUD, and 9% pills. Other methods were not popular. Since 1970, acceptability and use-effectiveness of injectables have been under study at the Department of Obstetrics and Gynaecology, Port Moresby General Hospital.

## Training

In-service training is given to all doctors and nurses who are engaged in providing family planning services at the clinics. Practical training is also given to doctors after they register for medical practice.

## Information and Education

The Medical College, Port Moresby, is introducing family planning in the curriculum at undergraduate and post-graduate levels. Sex education and family planning will be included in the curriculum for nurses training.

The educational programme consists of group discussions in MCH clinics and of contacting individuals in villages and towns by the clinic staff.

## Research and Evaluation

A Family Planning Attitude survey was carried out among married women using a simple questionnaire in selected areas of the country in 1969. The survey data indicate that considerable proportion of women were aware of the need to limit and space child-births, had

no serious objections to family planning and would be willing to practise family planning.

Sources

1. David P.Bowler - Consultant Maternal and Child Health; Department of Health, Konedobu, Papua.

2. Papers presented at the Seminar on 'Population Growth and Economic Development' at University of Papua and New Guinea, November 1970.

D.J. van de Kaa -The Future Growth of Papua - New Guinea.

Peter Pirie - Population Developments in the Pacific Islands.

Geoffrey Smith - Population Growth and Education Planning in Papua and New Guinea.

R.F.R. Scragg - Health Aspects of Population Growth.

3. Report of visit to the Territory of Papua and New Guinea (4-28 November 1970) by D.V.R. Murthy, Regional Adviser on Population Policies and Programmes, ECAFE, Bangkok.

# Situation Report

Distribution *

Country REPUBLIC OF VIETNAM

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | 170,406 | 170,906 | 173,809 sq.kms.[1] |
| Total population | 9,766,000(1953) | 14,100,000 | 18,332,000(1970)[1] |
| Population growth rate | - | 3.9% | 2.6%(1963-70 average)[1] |
| Birth rate | 38 | 35 | 24 per 1,000(1970)[1] |
| Death rate | 10.6 | 18 | 18 per 1,000(1968)[1] |
| Infant mortality rate | - | - | 36.7 per 100(1965)[1] |
| Women in fertile age group(15-44yrs) | - | - | - |
| Population under 15 yrs | - - | - | - |
| Urban population | - | - | - |
| GNP per capita | - | $91(1958) | $140 (1969)[3] |
| GNP per capita growth rate | - | - | 1.8%p.a.(1960-69)[3] |
| Population per doctor | - | - | 10,560(1968)[2] |
| Population per hospital bed | - | - | 510(1968)[2] |

1. UN Demographic Yearbook 1970
2. UN Statistical yearbook 1970
3. World Bank Atlas - 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Vietnam came under French colonial rule in the late 19th century and together with Laos and Cambodia formed the Indochinese Union. The Japanese took over the government in 1945. The Geneva Agreement of 1954 partitioned the country into two military zones, with the Republic of Vietnam south of the 17°s latitude. Since then the country has suffered from civil war.

Legislative authority is vested in the National Assembly, consisting of a House of Representatives and a Senate.

The Capital is Saigon with a population of 1,681,839, which is expected to double in 10 years. Over 85% of South Vietnam's urban population live in Saigon. Density is 105 persons per square kilometre. The average family household comprises 6.2 people.

### Ethnic Groups

There are significant minorities of Cambodians and Chinese (c.500,000) and some million refugees from the North. The highlanders are racially different from Lowland Vietnamese, and number some 677,000.

### Language

Vietnamese. French is still used for higher education and there is a growing use of English, particularly for medical education.

### Religion

Taoism (ancestor worship) is the religion of most of the population. Buddhism is widespread and there are almost two million Roman Catholics. There are also important sects such as Cao-Daism and Hoa-Hao.

### Economy

The economy is dominated by agriculture. Four-fifths of arable land is under rice. Maize, manioc and sweet potatoes are grown as a substitute for rice. Rubber is the principal industrial crop. Fishing provides a valuable supplement to the diet.

Industry is confined to food-processing, light machinery assembly, etc. As a result of the war situation, the economy has declined. Formerly the world's third largest exporter of rice, Vietnam is now a rice importer.

US$ = 275 piastres.

### Communications/Education

There are several radio stations and 1,300,000 radio receivers were in use in 1969, i.e. 73 per 1,000 inhabitants. Television was introduced early in 1966 and there were 375 television receivers in 1968. There were 38 daily newspapers with a circulation of 214,000 in 1968.In 1967 there were 112 cinemas with a seating capacity of 78,200 and annual attendances of 25.4 million. In 1967 there were 6,532 primary schools, half of them privately owned, and 661 secondary schools and 4 universities.

## Medical/Social Welfare

Hospital accommodation in 1968 was 33,935 beds in 1,976 institutions. In addition there were 615 village maternity clinics. Health services were provided through 1,649 physicians, 117 dentists, 1,395 pharmacists, 3,967 nurses and 2,422 midwives in 1968. There is a pension scheme for state workers.

## FAMILY PLANNING SITUATION

There is growing interest in family planning and the Association for the Protection of Family Happiness was founded in 1968. Some nurses and doctors have undertaken overseas training. There seems to be substantial practise of family planning by those who can afford to pay for it. 'The Association for the Protection of Family Happiness' aims to give informational support to the Ministry of Health's efforts in family planning.

## History

Several private organisations were set up with the object of improving economic and health status for rural population at the family level. Recognising the critical situation, the Minister of Health and Social Welfare established by his Decree of August 1967, a committee for research into family planning under the Ministry of Health. To study population control, the Minister of Health sought the assistance of the Population Council which sponsored about 40 eminent Vietnamese to make an observation/study tour of population problems in Taiwan and Korea.

The Ministry of Health has requested and received USAID support for its family planning programme. By October 1968 it was operating eight family planning clinics.

In 1968 the 'Association for the Protection of Family Happiness' was formed. It received its charter of approval from the Ministry of the Interior the same year.

## Attitudes

Because of the conservative Catholic opinion, family planning activity is cautious and selective. Even so, contraception is regarded as part of private practice without legal interference.

## Legislation

Vietnamese Legislature adopted the 1920 French Law of birth control and this had made it prudent to use an indirect approach to the population problem.

In April 1968 the Vietnamese Economic Organisation passed a resolution requesting the Legislature to repeal the pertinent Articles of the 1933 Law.

Despite this, contraceptives are imported and only occasionally confiscated.

Address:

Association for the Protection of Family Happiness,
395 Hai ba Trung Street,
Saigon,
Republic of Vietnam.

Personnel:

President: Dr.N.T. Thuan
Secretary-General: Dr. Tu Uyen

The Association has two chapters located in other cities. The Saigon chapter operates a free clinic in the out-patient clinic of the Buddhist Health Centre. Family planning motivation and referral services are among the Association's activities.

## Training

The Association works in close collaboration with the Family Planning Study Committee in the training of midwives.

## Government

Recognition of the importance of family planning is extending rapidly. A Committee for Research in Family Planning was established by decree of the Minister of Health (MOH) and the Government in 1967. Special attention has been given to the education of government officials on population problems. Vietnamese representatives attended the IPPF Western Pacific Regional Conference in Tokyo in 1970 and the IPPF South East Asia and Oceania Regional Conference at Baguio City in 1971. The Government is also a member of the Intergovernmental Coordinationg Committee on South East Asia Regional Cooperation in Family and Planning Population.

## Services

In 1971 there were 21 government clinics in operation, most of them in maternal and child health centres in provincial capitals throughout the country. Four of these are in Saigon. For 1972 a target of 60 clinics, one for each provincial capital has been set. Several provinces are operating clinics at district level and one is organising a mobile clinic programme. Free contraceptive services are available to married women over 30 years of age, or having 5 living children, or having a medical referral.

## Information & Education

Emphasis is placed on educating government officials on population problems. Use is made of the newspapers and TV to inform people. Programmes for the education of the general public are being planned, beginning with an intensification of motivational efforts within the Goverhment health system.

Family Planning has been included in the curriculum of national and rural midwifery schools and special seminars are being held in the government medical schools at Saigon and Hue. Family Planning motivation is being taught at the School of Social Work in Saigon by MOH personnel.

## Training

Training for family planning clinic staff was formerly conducted overseas. In 1969, in-country training programmes for national and rural midwives were established. The first in-country training seminar for physicians was completed in June 1971. An agreement has been made between the Ministry of Social Welfare and the Association to train Government social workers. A site has been designated for the training centre, which will also serve as a free clinic operated by the Association. A programme for training community health workers in family planning and a 'better life concept' has been underway for three years. This programme utilises the indigenous health worker as a primary motivation in attaining family economic and social goals through the self-help principle. This concept has been incorporated into the sanitary hamlet development programme and into the training programmes for rural health technicians and rural midwives.

## Research and Evaluation

Effort is being made to better the quality of basic demographic and fertility information through the National Institute of Statistics (NIS) and the MOH Bureau of Statistics. The NIS has included fertility studies in its sample surveys of selected urban and rural areas. MOH has improved its hospital reporting system. A KAP study conducted on over 10,000 women is being analysed by the MOH and will be published in the booklet 'Aspects of Population Growth in South Vietnan'.

## Others

IPPF - has assisted the Government programme by providing training for 26 doctors and 28 midwives in other countries; funding for in-country training and motivational material and commodities. IPPF now provides financial and commodity assistance and training facilities to the Association.

USAID - has assisted with training and commodity support. Under training - 120 rural health workers trained in another country and 160 midwives provided in-country training. Special training provided for medical, paramedical, supervisory, administrative demographic/statistical and communications staff.

Population Council - has provided contraceptives and funding for oberservational tours for government officials.

Pathfinder Fund - has provided contraceptives.

The Vietnam Christian Service - administered by Chruch World Service, supplies and staffs hospital clinics that promote family planning.

## SOURCES

SEA & O Reports to IPPF Management and Planning Committee

Population Programme Assistance 1971 - USAID

Europa Yearbook 1971

UN Statistical Yearbook 1970

UN Demographic Yearbook 1970

World Bank Atlas 1971

1971 World Population Data Sheet - Population Reference Bureau, Inc.

# Situation Report

Distribution *

Country SABAH

Date JUNE 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 76,115 sq.km.[1] |
| Total Population | 330,000 | 454,429 | 662,000 (1970)[1] |
| Population Growth Rate | | | 4.0%(1963-70)[1] |
| Birth Rate | 53 | 33 | 48.0 per 1000(1963-70)[1] |
| Death Rate | | | 12.5 per 1000(1966-70)[1] |
| Infant Mortality | | | 33.2 per 1000(1970)[1] |
| Women in Fertile Age Group (15-44 yrs) | | | 95,213 (1960) |
| Population under 15 yrs | | | 43.5% |
| Urban Population | | | 20% (approx.) |
| GNP per capita growth rate | | | $11,118 million (1969)<br>$11,821 (1970)<br>6.3% |
| GNP per capita | | 215 US$ | 360 US$ (1970) |
| Population per doctor | 11,000 | 13,000 | 9,270 (1968)[2] |
| Population per hospital bed | | | 430 (1968) |

Unless otherwise indicated, figures for this table have been provided by the Sabah Family Planning Association.

1. UN Demographic Year Book - 1970

2. UN Statistical Year Book - 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Sabah is one of the thirteen component states of Malaysia. Located in East Malaysia on the island of Borneo, it is a mountainous terrain of dense tropical forest. The coastal plains are alluvial and swampy intersected by numerous rivers and fertile valleys. According to the 1970 census, there were 121,625 households with an average of 5.4 persons per household in the State - for its population of 655,622 persons. Density is 9 persons per square kilometer.

### Ethnic Groups

Kadazans numbering 188,219 formed the largest racial group, comprising more than one-quarter of the total population, at the end of 1968. The other major indigenous groups were Bajaus (74,460) and Muruts (27,482). Some 115,929 persons belonged to several other indigenous groups. The State's population also included 56,069 Malays, Indians and Pakistanis, 137,492 Chinese and 2,558 Europeans.

### Languages

The official language is still English but Bahasa Malaysia, the National Language, will become the sole official language from 1973, and is already being used increasingly in the State's public affairs, administration, education and commerce.

### Religions

Islam, Christianity, Hinduism, Sikhism, Buddhism, Confucianism, Taoism.

### Economy

Sabah is well endowed with natural resources although it is only partly developed and some resources may not even have been explored. Sabah's general economic growth has been stimulated by substantial investments in the public and private sectors recently, financed mainly by proceeds from its timber wealth. More than 80% of the state is covered by a primeval forest whose exploitation has today become Sabah's principal source of wealth. Considerable investments have also been made in the agricultural sector; rubber is still the main crop planted, followed by coconuts while there has recently been extensive planting of oil palm.

The principal exports are timber, rubber, copra, hemp, palm oil, cocoa, minerals, fish and prawns.

### Communications/Education

Radio Malaysia (Sabah), which operates with its headquarters in Kota Kinabalu, has several relay stations in the State broadcasting in several languages. TV was recently introduced. The number of radio licences issued in 1970 was 46,187.

Free primary education has been introduced. There are two main teacher training institutions in Sabah. In addition, there is a special training centre in Kota Kinabalu, the State capital, for teachers in Native Voluntary Schools.

## Medical

In 1968, there were 13 hospital establishments, 66 physicians, 7 dentists, 754 nursing and 247 midwivery personnel providing medical services.

## FAMILY PLANNING SITUATION

Although there is no population crisis in Sabah at the moment, there is certainly room for motivation for family planning on health and humanitarian grounds. The Central Government is expected to initiate activity soon in Sabah, where the only organised activity thus far has been through the Sabah Family Planning Association.

## Legislation

There is no anti-contraceptive legislation.

## FAMILY PLANNING ASSOCIATION

Sabah Family Planning Association,
P. O. Box 1361,
KOTA KINABALU,
Sabah,
East Malaysia.

## Personnel

| | | |
|---|---|---|
| Chairman | - | Dr. Lai Kuen Fong |
| Vice-Chairman | - | Mr. Michael Tan |
| Hon. Secretary | - | Mr. Henry Chai |
| Hon. Treasurer | - | Mr. Richard Wong |

## History

The Sabah Family Planning Association was founded in early 1967 when a Council of Management was formed. Previously the branches at Kota Kinabalu and Sandakan were providing clinical facilities. Towards the latter part of 1967, clinic sessions started in Labuan. Besides these, the travelling Rural Health Personnel also carried out motivation and education of rural areas in Ranau, Kota Belud, Tuaran and Paper districts, although no Association branches could be formed.

## Services

Sabah Family Planning Association has two main clinics - one in Kota Kinabalu and the other in Sandakan.

The Kota Kinabalu branch opened three new clinics in 1970 making a total of 14. These are scattered in rural areas and manned by volunteers from the staff of the Medical Department. It is based at present in the Government Health Centre. In Sandakan, the clinic serves over 10 outstation sub-clinics in the timber camps, agricultural estates and kampongs.

There were about 70,000 attendances in 1970, for all branches. (20,302 patients attended the 14 Kota Kinabalu branch clinics.) The most popular method is the oral pill. There are some cases of IUD and diaphragm.

## Information/Education

Family Planning education is carried out at the Maternal and Child Health Clinics and through visits to hospital maternity wards. The Association has distributed instructional and motivational material in three languages; participated in radio broadcasts and distributed press releases. As part of a community development course, Association members lectured women leaders in family planning.

## Training

The Association held a training course in July 1971 with the help of the IPPF South East Asia and Oceania Region's training personnel. 13 Rural Health Nurses were trained.

## Plan

The work in the two branches of the Association is planned to be increased, to cover a large portion of the rural area. Survey work is envisaged to be increased, involving fieldworkers and follow-up.

## Sources

Far East and Australia 1971, Europa Publications Ltd., London, U.K.

Malaysia and its National Family Planning Programme, National Family Planning Board, Kuala Lumpur, Malaysia, March 1970.

UN Demographic Year Book, 1970

UN Statistical Year Book, 1970

Sabah FPA 1970 Annual Report

Second Malaysia Plan 1971-1975

# Situation Report

Distribution *

Country SARAWAK

Date JUNE 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 125,205 sq.kms.[1] |
| Total population | 585,000 | 744,529 | 1,001,000(1970)[1] |
| Population Growth Rate | | | 3.3. per 100 (1963-70)[1] |
| Birth Rate | | 25.3 | 29.0 per 1,000 (1968) |
| Death Rate | 8.6 | 5.8 | 12.5 per 1,000 (1966-70) |
| Infant Mortality Rate | 94.4 | 60.0 | 33.9 per 1,000 (1969) |
| Women in Fertile Age Group(15-44) | | | 155,935 (1960) |
| Population under 15 years | | | 44.4% (1960) |
| Urban Population | | | 20% (approx) |
| GNP per capita | | US$175 (1958) | US$360(1970) |
| GNP per capita growth rate | | | 6.3% (1970) |
| Population per doctor | 16,000 (1953) | 14,000 | 13,900 (1969)[2] |
| Population per hospital bed | | 380(1966) | 470(1969)[2] |

1. UN Demographic Yearbook 1970

2. UN Statistical Yearbook

Unless otherwise stated statistics for this table have been provided by the Sarawak Family Planning Association.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Sarawak is one of the thirteen component states of Malaysia. Located in East Malaysia on the island of Borneo, it is covered extensively by primary rain forest and, as such, large areas are still uninhabited except for scattered bands of nomadic Punans. Agriculture is the major use for the lands opened up in the State.

According to the 1970 census, there were 167,726 households with an average of 5.8 persons per household in the State - for its population of 977,013 persons. Density is 8 persons per square kilometre.

### Ethnic Groups

The native or indigenous groups include Ibans, Population in 1968: 267,652 - Maylays 173,426; Land Dayaks 79,902 and Melanus 53,275.. There were also 313846 Chinese and 56,959 others which included Indians, Europeans, and several indigenous tribes.

### Languages

The official language is English but Bahasa, the National Language, will become the sole official language from 1973, and is being widely used in the State's public affairs. administration, education and commerce.

### Religion

Islam, Christianity, Hinduism, Sikhism, Buddhism, Confucianism, Taoism.

### Economy

Mainly dependent on agriculture - timber and rubber. The principal exports are rubber, pepper, sago and timber.

### Communications/Education

Government-owned Radio Malaysia Sarawak operates several relay stations in the State, broadcasting programmes in several languages. The number of licences issued in 1970 was 47,310.

Free primary education has been introduced. There are three teacher training colleges in Sarawak. There is also a Vocational School at Kuching, the State capital.

### Medical

In 1969 there were 18 hospital establishments, 68 physicians, 125 dentists, 570 nurses and 574 midwifery personnel providing services.

### Family Planning Situation

All family planning activities for the present depend on the voluntary Family Planning Association. The Federal Government is giving generous assistance by providing facilities for clinics, grants, and land for the Association's building.

### Legislation

There is no anti-contraceptive legislation.

## Family Planning Association

Sarawak Family Planning Association,
SFPA Hq. Building,
Jalan Jawa,
P.O. Box 788,
Kuching,
Sarawak.

## Personnel

Chairman: Dr. M.N.G.Mazumdar
Vice-Chairman: Enche Mohd.Amin bin Haji Satem
Hon.Gen.Secretary: Mr. Yong Khoon Seng
Hon. Treasurer: Mr. Goh Kheng Ley
Hon. Adviser: Dr. Chong Chun Hian
Administrative Secretary: Mr. C.K. Lam
Training/Public Relations Officer: Mrs. Dennis Law

## History

The Family Planning Association was founded in 1962, following a visit by Dr. Sivapragasm of the IPPF South East Asia and Oceania Regional Council in 1962.

## Services

The Association provides family planning services through eight urban and 57 rural clinics. All the rural clinics are situated in Maternal and Child Health clinics, operated by local government midwives and supervised by the Association staff at urban clinics. The government midwives receive an allowance by the Association. The same is applicable when services are provided by the missionary clinic.

In 1971 77,146 acceptors visited the clinics, of these 5,647 were new acceptors. Broken down by methods 72,875 accepted orals; 1,989 IUD, and 2,405 others.

A two-year experimental Depoprovera injectable project will be started in 1973 by a doctor under the supervision of the Association.

## Information/Education

The FPA's education programme, conducted in English, Chinese, Malay and Iban uses all methods of communication including press, radio, film lectures and handouts as well as home visits. Particular attention is given to radio and broadcasts are made in the four languages. Slide advertisements are shown at four cinemas daily. 126 advertisements and articles appeared in local Chinese and English newspapers in 1971.

In 1971 a motivational leaflet was produced by the Association in English, Iban, Chinese and Malay and 10,000 of these were distributed.

A one-year pilot project to carry information and education activities to the coastal and interior areas by outboard motor is envisaged for 1973. The project will involve regular visits, film-shows and talks by the I&E Officer.

Training

In 1971 26 personnel were trained in full-time courses. Personnel trained were 23 midwives, 2 social workers and 1 clerk. Part-time courses were held and 19 participants attended them - 9 hospital assistants, 6 student nurses, 1 missionary, 2 home supervisors, 2 home extension supervisors and 1 home extension training officer.

In 1973, it is hoped to train about 150 para-medical family planning workers and rural and urban health inspectors in 15 courses.

Other Organisations

IPPF provides an annual grant to the Association.

Brush Foundation(USA) donated a mobile clinic which operated from September 1967 to January 1971 when the mobile clinic was transferred to the Philippines.

USAID supplied aid in kind through IPPF.

Pathfinder Fund donated pills and IUDs in 1968 and 1969.

Sources

Europa Yearbook 1971
Far East & Australia 1970, Europa Publications Ltd., London, U.K.
Malaysia and its National Family Planning Programme, NFPB, ICL, Malaysia, March 1970.

# Situation Report

Distribution*

Country SIERRA LEONE

Date JUNE 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 71,740 sq.kms. |
| Total population | 2,004,000 | 2,228,000 | 2,510,000(1969)[1] |
| Population Growth Rate | | | 1.5%(1963- 70)+ |
| Birth Rate | | | 44.8 per 1,000 (1966-70)[1] |
| Death Rate | | | 22.7 per 1,000 (1966-70)[1] |
| Infant Mortality Rate | | | 136.3 per 1,000 (1968 - Western Area)[1] |
| Women of Fertile Age (15-44) | | | 547,087(1963)[1] |
| Population under 15 | | | 36.6% (1963)[1] |
| Urban Population | | | 14.2% (1970)[2] |
| GNP per capita | | | US$170 (1969)[3] |
| GNP per capita growth rate | | | 1.2%(1960-69)[3] |
| Population per doctor | | | 16,440(1965)[4] |
| Population per hospital bed | | | 1,210 (1963)[4] |

1. UN Demographic Yearbook 1970
2. Kingsley Davis, World Urbanisation 1950-70
3. World Bank Atlas
4. UN Statistical Yearbook 1970

+ The natural increase rate would be about 2.2% but the Ministry of Development has estimated population growth rate at 1.5%.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Situated on the west coast of Africa, Sierra Leone became an independent member of the Commonwealth in April 1961. For administrative purposes the country is divided into the Western Area and three Provinces - Northern, Southern and Eastern.

Major towns are the capital, Freetown, with a population of 128,000, Bo, with 210,000 and Kono with 170,000. Urban population has grown at about 10% per year between 1965-70.

### Ethnic Groups

Apart from about 300,000 Creoles, descendents of the slaves who were liberated at Freetown, there are 13 ethnic groups, the two largest the Mende and the Temne.

### Language

The official language is English. Krio (pidgin English) Mende and Temne are widely spoken.

### Religion

The majority follow traditional beliefs. There is a sizeable Islamic following in the north, and a Christian minority in the south.

### Economy

The majority of the population is engaged in agriculture. Chief crops are rice, coffee, palm kernels and cocoa.

Mining activities now dominate external trade. Diamonds and iron ore are the chief minerals being exploited. Industry is not well developed and is concentrated on the processing of primary products.

Main exports in 1970, in order of importance were diamonds, coffee and iron ore.

### Communications/Education

There are several thousand miles of road, mostly untarred, but improvement of the road system is an important part of the current development programme. An existing 300-mile railway system is shortly to be phased out. There is an international airport at Lungi. Freetown harbour is one of the best in Africa.

| | |
|---|---|
| Radio: | 80 sets per 1,000 people (1971) |
| Television: | 1.4 sets per 1,000 people (1971) |
| Cinema: | 4 seats per 1,000 people (1970) |
| Newspapers: | 5.6 copies per 1,000 people (1970) |

Education is neither free nor compulsory, although most schools are assisted by the Government and fees are minimal.

School enrolment 1967-68: primary 136,824; secondary 22,119

Several hundred students also attend the 2 constituent colleges of the University of Sierra Leone, Fourah Bay College and Njala University College.

## Medical

The Government is responsible for the bulk of the country's hospital and health services, although there is no state security system. Some missions and mining companies provide medical services. A national school of nursing opened in 1969.

## Family Planning Situation

Family planning services are provided by the Planned Parenthood Association of Sierra Leone (PPASL).

## History

PPASL was founded in 1960, when its activities were largely confined to running one weekly clinic at Freetown's principal maternity hospital. In March 1966 the Association opened an office clinic in Freetown.

## Government Attitude

For a short while in 1969 the Ministry of Health allowed the Association to use government health facilities up-country after hours for running family planning sessional clinics. Permission was withdrawn at the end of the year, and the Government remains undecided about the need for family planning. The PPASL has never been granted official recognition. However, the President, Dr. Siaka Stevens, attended the Association's Planned Parenthood Week in May 1971 as Grand Chief Patron. PPASL continues to be allowed free use of radio and television.

## Legislation

There is no anti-contraceptive legislation.

## FAMILY PLANNING ASSOCIATION

Address:

Planned Parenthood Association of Sierra Leone,
2 Fort Street,
P.O. Box 1094,
Freetown,
Sierra Leone. Tel: 4488

Personnel:

| | |
|---|---|
| President: | Dr. Edward O. Pratt |
| Executive Secretary: | Emile S. Pratt |
| Fieldwork Supervisor: | Mrs. V. Conger-Thompson |
| Clinic Supervisor: | Mrs. Eileen Beresford-Cole |

## Services

A clinic in Freetown operates 2 sessions per week, and once every two weeks a doctor from Freetown visits some 9 outlying villages to offer family planning services. Single weekly sessions are operated in each of the 3 provinces, at Bo, Kenema, and Makeni. The Kenema clinic, in Eastern Province, opened at the end of 1971.

A total of 3,535 people attended the 4 clinics during 1971, of which 717 were new acceptors. A further 1,119 people visited the itinerant doctor in the villages, including 87 new acceptors. Most new acceptors continued to use the IUD, on the recommendation of the Association. The majority of new literate patients, however, preferred the pill or spermicides. Figures for new acceptors in 1971 were 416 IUDs, 176 orals, 99 spermicide tablets or foam, 8 condoms and 2 diaphragms.

PPASL also provides an infertility service (400 cases in 1971), papanicolaou smears (1,854 taken in 1971), and lectures on child nutrition. Food supplied by CARE has occasionally been distributed to mothers attending clinics.

The main Freetown clinic is run by a staff of 9, consisting of 3 sessional doctors, 4 welfare workers, a clinic supervisor and fieldwork supervisor.

Education/Information

Information and education activities were expanded during 1971, and included Planned Parenthood Week, an exhibition at the Sierra Leone Daily Mail Fair, a stand at an agricultural show at Kabala, a show at Kenema, and participation in Universal Children's Day. During Planned Parenthood Week considerable use was made of radio, using English, Krio and Mende, and television.

During 1971 many thousands of leaflets and pamphlets were distributed, the majority produced by PPASL itself. Posters, calendars and Christmas cards were also produced and distributed and several articles have been published in the national press. Thirty radio programmes and 115 spots were broadcast, and a few programmes organized by PPASL were televised. A family planning calypso in Krio was popularised.

A short colour film entitled 'Fruitful Planning' was made by the Association with the assistance of the Government's film unit during 1971. Support for this project came from UNDP.

Two workshops are planned for 1972, one to be arranged in conjunction with the Department of Sociology, the Department of Demography and the Institute of African Studies of Fourah Bay College.

In 1972 it is planned to appoint an Information and Education Officer.

Fieldwork

At the beginning of 1972, 10 Welfare Workers were employed by PPASL, working under the supervision of the Fieldwork Supervisor. Four were employed in the Western Area, and the others in the three Provinces. Fieldwork includes houst-to-house visiting and visits to local markets and maternity hospitals.

A regular reporting back system is implemented.

It is planned to recruit 17 new Welfare Workers at the beginning of 1973.

Training

Seven Welfare Workers were trained in 1971, and it is hoped to continue this type of training in 1972-73. In-service training is also to be carried out.

Fund Raising

A start is to be made with fund raising in 1973. An exhibition of local arts and a football match are planned.

Special Projects

Two surveys are planned for 1973: one will cover people's reactions to the film 'Fruitful Planning' and assess its usefulness as an educational tool; the other will study male attitudes towards family planning.

Other Organisations

IPPF provides an annual grant to PPASL.

Population Council is to sponsor two PPA personnel for the 1973 Chicago summer workshop, and supports a demographer attached to the University.

Oxfam has agreed to provide vehicles to the Association.

Ford Foundation has given support to workshop participants.

Pathfinder Fund has provided some assistance to PPASL and supported an evaluation project.

UNDP gave support for the film 'Fruitful Planning', and also for a cytology unit.

USAID regularly funds participants for workshop in Washington. 2 Sierra Leonese attended in 1971.

Sources

PPASL Annual Report 1971

PPASL 1973 Budget

PPASL Work Programme 1973-74

Europa Yearbook 1972

Africa 71

# Situation Report

Distribution *

Country TAHITI (FRENCH POLYNESIA) Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 40,000 sq. kms.[1] |
| Total Population | 61,000 | 80,000 | 109,000 (1970)[1] |
| Population Growth Rate | | | 3.2% (1963-70)[1] |
| Birth Rate | 42.4 | 54.1(1961) | 45.7 per 1,000(1968)[1] |
| Death Rate | | 12.2(1961) | 9.1 per 1,000(1968)[1] |
| Infant Mortality Rate | | 100.3(1961) | 52.4 per 1,000(1967)[1] |
| Women in Fertile Age (15-44 yrs) | | | 16,873 (1962)[1] |
| Population Under 15 | | | n.a. |
| Urban Population | | | n.a. |
| GNP Per Capita | | | US$1450(1969)[3] |
| GNP Per Capita Growth Rate | | | 9.1% (1960-69 average)3 |
| Population Per Doctor | | | 1790 (1968)[2] |
| Population Per Hospital Bed | | | 120 (1967)[2] |

1. UN Demographic Yearbook 1970
2. UN Statistical Yearbook 1970
3. World Bank Atlas 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

French Polynesia covers a vast area of small islands. Tahiti is the main island of the Isles du Vent. Education is based on the French system, as French Polynesia is an overseas territory of France. Capital is Papeete with a population of 22,278. Average size of household is 5.0. Population density is 27 people per square kilometre.

### Ethnic Groups

Polynesian - 70,000; Asiatic - 8,000; European - 2,000 (1960).

### Religion

55% Protestant; 30% Roman Catholic.

### Language

Tahitian. The official language is French.

### Medical

In 1967 there were 31 hospital establishments and in 1968, 57 physicians, 18 dentists, 3 pharmacists, 212 nurses and 25 midwives.

### Communications

In 1968, there were 40,000 radio receivers in use, i.e., about 400 per 1,000 population. In 1969, there were 3 cinemas with seating capacity of 1,700, and 3 daily newspapers with a circulation of 8,000, i.e., 79 per 1,000 population.

## FAMILY PLANNING SITUATION

Two voluntary associations for family planning have recently been formed.

### Family Planning Associations

Comite pour le Planning Familialde la Polynesia
Francaise (formed July 1969)
"Te Utuafare Oaoa",
c/o Service d'Hygiene Territorial de la Polynesie Francaise,
Papeete,
Tahiti.

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| | |
|---|---|
| President: | Mme. A. de Balmann-Tourneux |
| Vice-Presidents: | M. A. Ellacott |
| | Mme. T. Le Gayic |
| Treasurer: | Mme. Builles |
| Secretary: | Mme. Rousselin |

Mouvement Polynesien pour le Planning Familial
(formed in 1968),
B.P. 676,
Papeete,
Tahiti.

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| | |
|---|---|
| President: | Mme. Arlette Viale-Dufour |
| Secretary: | Mme. Luciani |
| Treasurer: | Mme. Faugerat-Lynch |

MPPF has a centre at 3, rue de la Canonniere Zelee, and the services include contraception and sex education.

## Government Attitude

Tahiti is a French overseas territory, for which Section VI of the new French law enables local government to pursue positive family planning policies.

## Training

35 doctors and four nurses were trained in Family Planning by Te Utuafare Oaoa.

## Education

No information.

# Situation Report

Distribution *

Country TONGA

Date MAY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 699 sq. kms.[1] |
| Total Population | 48,000 | 63,000 | 87,000 (1970)[1] |
| Population Growth Rate | | 2.9 | 3.5% (1963-70)[1] |
| Birth Rate | 39.3 | 36.5 | 20.8 per 1,000(1967)[1] |
| Death Rate | 9.2 | 4.6 | 2.4 per 1,000(1967)[2] |
| Infant Mortality Rate | 44.7 | 15.5 | n.a. |
| Women in Fertile Age Group (15-44 yrs) | | | 15,508 (1966)[1] |
| Population under 15 | | | n.a. |
| Urban Population | | | n.a. |
| GNP Per Capita | | | US$310 (1969)[3] |
| GNP Per Capita Growth Rate | | | 3.3%(1960-69)[3] |
| Population Per Doctor | | | 4,150 (1969)[2] |
| Population Per Hospital Bed | | | 370 (1969)[2] |

1. UN Demographic Year Book 1970
2. UN Statistical Year Book 1970
3. World Bank Atlas 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Tonga was formerly an independent kingdom under British protection. Full independence was achieved in June 1970 and it joined the Commonwealth. Tonga consists of 158 islands in the South Pacific. The capital is Nuku'alofa with a population of 15,685. Tonga is essentially an agricultural country. The economy is based on copra and banana production which are the main exports. The density is 124 people per square kilometre.

### Language

The official government language is English. Tongan and some Fijian and Samoan are also spoken.

### Religion

Most Tongans are Christian, the majority (77%) being Wesleyan Methodists.

### Medical

Medical treatment is free, as is education, which is provided by the state and the churches. In 1969, there were 7 hospital establishments, 20 physicians, 8 dentists and 73 nurses.

### Communications

Broadcasting is administered by the Tonga Broadcasting Commission in English and Tongan. In 1969, there were 7,900 radio receivers in use, i.e., about 95 per 1,000 population. There were 5 cinemas with a seating capacity of 3,600.

## FAMILY PLANNING SITUATION

There is a Family Planning Association in Tonga. The Government have provided family planning services since 1958. The Prime Minister, H.H. Price Tu'ipelehake has agreed to serve as Patron of the Tonga Family Planning Association. Most opinions, including those of the Church are in favour of family planning.

### Legislation

No information.

### Family Planning Association Address

Tonga Family Planning Association,
P.O. Box 80,
Nuku'alofa,
Tonga.

### Personnel

President: Mr. Lupeti Finau
Vice-President: Dr. Richard Robinson
Treasurer: Mr. Villami Afeaki
Secretary: Mrs. Ala Luani

## History

The Tonga Family Planning Association was formed in November 1969 with guidance from the Family Planning Association of Fiji. The long range goal of the Association is to reduce the birth rate to approximately half its present level so that Tonga's population will grow no faster than a manageable 1% a year. The Association at present gives priority to informational and educational activities.

## Government Programme and History

Tonga's interest in family planning started in 1953 when the Minister of Health and Land presented a paper on population in relation to resources at the second South Pacific Commission Conference. At the next South Pacific Commission Conference in 1956, Tongan delegates suggested family planning means and guidance be given to mothers at MCH clinics. In 1958, nurses were trained in family planning and in 1965 the Government decided to start a Family Planning project. A doctor was sent to Fiji for training in insertion of IUDs and IUD services were provided in Vaiola Hospital MCH clinic. In December 1967 a seminar on MCH and family planning was held in Nuku'alofa and a programme offering family planning services to all twenty Tongan MCH clinics was planned.

Dr. Mumui Tatola is the medical officer in charge of family planning in Tonga.

## Training

During the 1967 seminar, eight doctors received some training in IUD insertions.

## Plans

The Association is making efforts to meet the following objectives:

a) to convince as rapidly as possible all influential members of family planning;

b) to publicize family planning in the villages and in the schools through films, signposts, radio broadcasts, speeches and debates;

c) to assist the Medical Department in every way in its programme to make family planning information and supplies available to all the people of Tonga.

## Others

Pathfinder - supplied condoms.

Population Council - supplied 2,000 IUDs.